EAST WINDSOR PARK & RECREATION SUMMER FUN CAMP REGISTRATION FORM

(AGES 6 - 12)

CAMPER'S NAME:		SEX:	<i>AG</i> E:	DOB:/_	_ /
ADDRESS:			PHONE:		
SCHOOL:		GRADE in Fall 2008:			
FATHER'S NAME:		HOME P	HONE:		
WORK PHONE:		CELL PHONE:			
WORK PHONE:		_ CELL PH	IONE:		
IN CASE OF EMERGENCY (other t	than nanant/ayandian):				
THE CASE OF EMERGENCY (OTHER)	nan pareningaaraian).				
Contact Name		Telepho	ne Number		
Contact Name		Telepho	ne Number		
CAMP SHIRT MUST be purchased			•		
SHIRT SIZE: (Please circle one): (Youth-Med) (Youth-Lrg) (Adult-Sm) (Adult-Med)	(Adult-Lg)	
PLEASE CHECK SESSIONS DESIR	ED.				
NOTE: Session Time Period/Price:					
Regular Hours: 9:00 a.m. to 3:		ents and	\$80/waak Non-	Desident	
Extended Hours: 7:30 a.m. to 4:	•				
	can be reduced by \$5 per w	-	-		
Frice of each session	can be reduced by \$5 per w	veek per e	each additional	crilia enrollea	•
Registration will close 2 weeks pr	rior to each session				
	<i>refundable</i> \$10 per child/pe	r week de	posit is require	d.	
· · · · · · · · · · · · · · · · · · ·	petween \$6-10 per child/pe		•		ion price.
		• •	-		•
Regular Hours:			Extended Hour	rs:	
Week 1: July 7-10			July 7-10		4:30
Week 2: July 14-17			July 14-17		
•			July 21-24		
•			July 28 -31		
			August 4-7		
Week 6: August 11-14			August 11-14		
Week 7: August 18-21	9:00-3:00	Week 7:	August 18-21	7:30-	-4:30
CAMP DEFINIT POLICY					
CAMP REFUND POLICY:		- AA -			u-t-a
NO REFUNDS will be given af	• •		_	•	events
you from participating in the p	rogram. The cost of trip	os is also	non-retundat	ole.	
SESSION(S) TOTALS \$					

MEDICAL INFORMATION

Is your child allergic to anything? YES NO If yes, to what?
Does your child take any medications?* YESNO If yes, what medications and are there any side effects the staff should be aware of?
Any medical conditions or special needs staff should be aware of? YES NO If yes, please explain in detail.
Does your child have any other special considerations related to behavioral needs which are not mentioned above and our staff should know about to help your child have a positive experience at camp? YES NO If yes, please explain in detail
*NOTE: The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and asthma medications. In this case, please attach a note completed by your doctor before camp begins.)
RELEASE AND WAIVER
In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of East Windsor, I hereby waiver and release the Town of East Windsor, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.
I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.
I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.
I have read this document and understand and agree to its terms and conditions.
Participant/Parent/Legal Guardian Signature Date